# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
## (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5179

FILING DATE

(APPLICANT)

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | | | 51 | | | | | | |
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| 6 | 1 | | | | | | | 56 | | | | | | |
| 7 | | | | | | | | 57 | | | | | | |
| 8 | | | | | | | | 58 | | | | | | |
| 9 | | | | | | | | 59 | | | | | | |
| 10 | | | | | | | | 60 | | | | | | |
| 11 | | | | | | | | 61 | | | | | | |
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| 14 | | | | | | | | 64 | | | | | | |
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| 35 | | | | | | | | 85 | | | | | | |
| 36 | | | | | | | | 86 | | | | | | |
| 37 | | | | | | | | 87 | | | | | | |
| 38 | | | | | | | | 88 | | | | | | |
| 39 | | | | | | | | 89 | | | | | | |
| 40 | | | | | | | | 90 | | | | | | |
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| 42 | | | | | | | | 92 | | | | | | |
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| TOTAL IND. | 4 | ↓ | | ↓ | | ↓ | | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← | | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | | | TOTAL CLAIMS | | | | | | |